Improving Immunization Rates – Affordable Care, Adult Immunizations, and Social Media

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Disclaimer

The opinions expressed in this presentation are solely those of the presenter and do not necessarily represent the official positions of the Immunization Action Coalition, or the National Adult and Influenza Immunization Summit

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Objectives

- Impact of the Affordable Care Act on immunizations
- Adult Vaccinations - where we really need improvement…
- Engaging in social media to improve your IZ messaging

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THE AFFORDABLE CARE ACT – A BRIEF HISTORY

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Access to Affordable Coverage, Pre-ACA

- **Voluntary employer-sponsored**
  - **Large gaps for lower wage employees and families, young adults just entering the workforce, and small firms**
  - **Employer subsidies voluntary**
  - **No assistance for low wage employees with affordability of employee share**
- **Medicaid and CHIP for certain low income populations**
  - **No federal coverage mandates or options for low income adults, whether childless or with or without minor children**
    - **Exceedingly low eligibility standards for parents of minor children (e.g., <50% FPL in many states)**

Access to Affordable Coverage, Pre-ACA

- Medicare for elderly and certain disabled populations
- A weak to non-existent individual market
  - Unaffordable, no federal subsidies
  - Near-total lack of access for persons with pre-existing conditions
- Consequences:
  - ~ 50 million without coverage; 1/3 annual turnover
  - Unstable insurance markets with discrimination against persons needing health care, both prior to and following enrollment

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PAGES OF EXPANDED SUPREME COURT COVERAGE INSIDE

WINNER OF THE 2012 PULITZER PRIZE FOR COMMENTARY

Chicago Tribune

QUESTIONS? CALL 1-800-TRIBUNE FRIDAY, JUNE 29, 2012 BREAKING NEWS AT CHICAGOTRIBUNE.COM

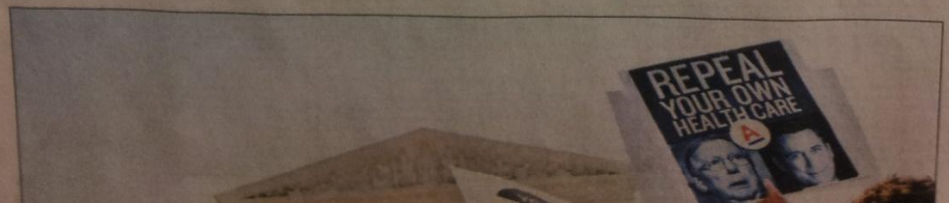
LANDMARK DECISION UPHOLDS HEALTH LAW

ROBERTS CASTS SURPRISE SWING VOTE

Foes vow to fight on despite Supreme Court's ruling

Across Illinois, cheers, jeers and many questions on implementation

BY PETER FROST, MONIQUE GARCIA AND DEBORAH L. SHELTON
Tribune reporters



Obama declares it 'victory' for people; Romney, GOP push anew for repeal

BY DAVID G. SAVAGE
Tribune Washington Bureau

WASHINGTON — Led

The Affordable Care Act

Goals of the ACA

- assure near-universal, stable, and affordable coverage by building on the existing system of public and private health insurance
- contain costs through strategic use of spending reductions, tax increases, and long-term changes in the organization and delivery of health care
- increase the role of prevention and its integration into health care and community-wide efforts
- promote cross-payer efficiency and quality

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The Affordable Care Act

Note that intent was to improve access, not necessarily to improve payment to providers

- **While not the primary motivation in ACA, there are numerous instances where payment is improved**

HHS enforces that intent through regulation

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THE AFFORDABLE CARE ACT – IMPACT ON IMMUNIZATIONS

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Post ACA - Private Insurance and Group Health Plans

Immediately, ACA mandated provision of ACIP-recommended vaccines at no cost-sharing

- **>190 million privately-insured people will have access to ACIP-recommended vaccinations**
- **Must cover adult children up to age 26 years who have no health insurance (from 2014, it is regardless of the adult child's existing coverage)**
- **No pre-existing conditions for children <18 years**

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Post ACA - Private Insurance and Group Health Plans

- Insurers must implement new ACIP recommendations within a year of CDC adoption
- No plan is required to cover vaccinations delivered by an out-of-network provider.
  - Plans that do cover out-of-network provider can do so at out-of-network cost-sharing standards
  - Has created some challenges as many immunization providers are considered out-of-network (pharmacists, public health departments)

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Post ACA - Self-Insured Group Health Benefit Plans (ERISA plans)

The ACA extended many of its standards to the self-insured ERISA group health plans

- **In particular, all ERISA plans are subject to the ACA's standards on preventive services coverage**
- **Thus, must cover all ACIP-recommended vaccines at no cost-sharing**

Note…

ACA improves access but does not necessarily guarantee adequacy of payment

- **Unfunded mandate? Who picks up the co-pay?**

Some plans are grandfathered in the ACA…

- **While the number continues to decline, it varies from state to state and does create confusion…**

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What are Grandfathered Plans?

- State-regulated private health insurance sold in individual and group health markets, prior to March 23, 2010, are grandfathered into the ACA
- Routine changes can be implemented but…

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Loss of grandfathered status

Grandfathered status is lost if:*

- Plans reduce or eliminate existing coverage
- Plans increase deductibles or co-payments by more than rate of medical inflation plus 15%
- Plans require patients to switch to another grandfathered plan with fewer benefits or higher cost-sharing to avoid new patient protections implemented by ACA
- Plans are acquired by or merge with another plan to avoid complying with ACA

* From: http://www.healthreform.gov/newsroom/keeping_the_health_plan_you_have.html.

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How Many Plans Remain Grandfathered?

- In 2012,
  - 48% of those who get coverage through their jobs are enrolled in a grandfathered health plan*
    - This is down from 56% in 2011
  - 58% of businesses offering health insurance had at least one grandfathered plan
    - This is down from 76% in 2011
- Small plans likely to lose status quicker than large plans
- By 2014, any remaining grandfathered plans will be considered as providing "minimum essential coverage."

*Kaiser Family Foundation and Health Research and Educational Trust, 2012. Employer Health Benefits 2012 Annual Survey. At: http://ehbs.kff.org/pdf/2012/8345.pdf.

Post ACA - State regulated health insurance

ACA established market standards for state-regulated health insurance (eg, coops, FEHBP) regardless whether through an exchange or in open market

- **Essential health benefits, including preventive services, must be covered**
- **State health insurance exchanges must be established by 2014 for small businesses**

All state-regulated, non-grandfathered insurance plans must include ACIP-recommended vaccines at no cost-sharing

Post ACA - Medicaid Expansion

Effective 2014, all non-elderly persons with incomes up to 133% FPL, based on "modified adjusted gross income," are Medicaid eligible, in states that opt in (not NC)*

- **States offer new eligible enrollees an "alternative benefits package," which includes immunization services to children and adults at no cost sharing****
- **Makes a considerable number of Americans eligible for Medicaid benefits but creates disparity between newly eligible and traditional Medicaid**
- **Increased coverage for immunizations for newly eligible enrollees**

*National Federation of Independent Business v. Sebelius. Roberts, C.J., Slip Opin. at 50. Available at: http://www.kff.org/healthreform/upload/8332.pdf

**CMS Final regulation, July 5 2013. Available at: http://www.ofr.gov/%28X%281%29S%281vpecb3pcilomwwvusd4jf2b%29%29/OFRUpload/OFRData/2013-16271_PI.pdf.

Post ACA – Medicaid Primary Care Payment Bump Up (applicable to all states)

- **Medicaid "Bump Up" - payment increase for primary care services to 100% of Medicare payment rates; 100% FMAP for first 2 years***
  - **Increases immunization administration fee to Medicare levels for two years: 2013 and 2014**
  - **Opportunity to show importance of adequate payment on coverage**
  - **States must submit a State Plan Amendment (SPA).**
    - **NC SPA approved June 12, 2013.**

**Section 1202 of the Affordable Care Act (ACA)*

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Medicaid Payment Increase - Update

- Final Rule at: http://www.gpo.gov/fdsys/pkg/FR-2012-11-06/pdf/2012-26507.pdf.
- Physicians must self-attest to a specialty designation of family medicine, general internal medicine, or pediatric medicine, or a related sub-specialty.
  - The attestation must be supported by either Board Certification or by a claims history that shows that 60% of codes billed in a prior period were for the eligible E&M codes
  - States need not verify each provider, but will have to review a statistically valid sample of physicians who claim the eligibility every year.

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Post ACA – Medicaid Primary Care Payment Bump Up- North Carolina*

- N.C. Medicaid will systematically reimburse eligible providers retroactively if they have already been paid for dates of service beginning January 1, 2013 or after.
  - Retroactive pay only applies to providers who attested by June 30, 2013
- Self attestation is through a web portal at: http://www.ncdhhs.gov/dma/provider/ProvSelect.htm.
- Services rendered to Health Choice (Title XXI) beneficiaries will not receive the additional reimbursement

*NC Medicaid Bulletin February 2013. Available at: http://www.ncdhhs.gov/dma/bulletin/0213bulletin.htm#aca

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Post ACA – Medicaid Primary Care Payment Bump Up- North Carolina

- Primary care physicians will self attest that they are board certified in one of the specialties, OR that 60% of their paid CPT codes are the eligible codes
- PAs and NPs who are under the direct supervision of an eligible physician could also receive the enhanced payment
  - Direct supervision shall mean that the supervising physician shall accept full professional liability for the services rendered
  - PAs and NPs will also be able to access the same web portal and self attest to the under the 60% criteria and list their eligible supervising physician

Increased Vaccine Administration Payments - VFC

- The amount of the increased payment for vaccine administration differs between children and adults.
  - For children under age 19, payment will be the lesser of the Vaccines for Children (VFC) regional maximum administration fee or the Medicare physician fee schedule rate.
- Per VFC policy, there is no payment for code 90461, which is for additional components in a combination vaccine.

Updated Fee Schedule for the VFC Program

- The final rule also updated the maximum administration fees for the VFC program.
  - This updated fee schedule is what states should use when determining the lesser of amount for the increased primary care payment for vaccine administration for children.
- In North Carolina, it has gone from $13.71 to $20.45
- However, no minimum payment level was established and states remain free to determine their state's regional maximum administration fee.

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Increased Vaccine Administration Payments – Adults on Medicaid

- The increased payments for adult vaccine administration will be at the Medicare rate. (The "lesser of" policy only applies to VFC.)
  - Currently in NC, $24.31
- This includes vaccine administration payments for children aged 19 and 20 who receive the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program benefit but have aged out of the VFC program

1% FMAP (Section 4106 of ACA) - Update

- In the Medicaid program, preventive services for adults are optional services
- ACA provides for a 1 percent increase in state's FMAP for preventive services if they cover all USPSTF Grade A/B recommended preventive services and all ACIP-recommended vaccines without cost sharing.
- CMS has provided guidance on this provision
  - States will also have to submit a state plan amendment in order to receive this benefit (NC has not done so)
- Overlap between the services that will qualify for this FMAP increase for states and the primary care increase for providers will be allowed.

Post ACA – Medicare, Effective From 2011

- Any preventive service received in outpatient setting in hospital paid for at 100%
  - Improves access to immunizations provided under Part B of Medicare
- GAO study on impact of Medicare Part D payment on access to immunizations
  - Highlighted access problems with adult vaccine covered under Part D
  - Vaccines provided under Part D still have cost sharing.
  - Urges appropriate steps to address administrative challenges (eg, verifying beneficiaries' coverage)

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Post ACA - Federal Funding for Immunization Programs

Section 317 program was reauthorized, but…

- A $100 million increase for the Section 317 program was provided for out of the Prevention and Public Health Fund for 2011
- 2012 had a $29 million cut yet $620M appropriated…
- CDC 2010 professional judgment - $1.7 billion

Program	FY 13 President's Budget Request	FY 13 Enacted Pre-Sequester	FY 13 Final Operating Plan	FY 14 President's Budget Request
Section 317 Immunization Program, Operations, and Implementation	$562,200,000	$520,340,000	$528,423,000	$580,959,000

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Challenges Remain

For private insurance

- Confusion remains about what is a routine recommendation? What is a permissive recommendation? Must it be covered under the ACA?
- HHS/DOL has addressed this issue.
  - "Routine" is defined broadly to reflect age and risk-based recommendations as well as catch-up
  - For "permissive" recommendations, if the vaccine is prescribed by a health care provider consistent with the ACIP recommendations, a plan or issuer is required to provide coverage.*

* Available at: http://www.dol.gov/ebsa/pdf/faq-aca12.pdf

Challenges Remain

For private insurance

- Concern remains about coverage for differences between an FDA indication and an ACIP recommendation
- <u>Example – Shingles Vaccine</u>
  - Shingles has FDA indication for ages 50 and above. ACIP recommendation is for ages 60 and above.
  - Provider provides vaccination to 55 year old based on professional opinion
  - Will it be covered?

Challenges Remain

For private insurance: Out-of-Network Providers

- If payment becomes less of an issue, access to vaccinations becomes primary barrier to coverage.
- Providers need to be offering ALL ACIP-recommended vaccines
- Complementary immunizers such as pharmacists, school-based clinics or public health clinics are considered out-of-network providers and thus ACA provisions do not apply
  - Need to improve the number of in-network providers
  - CDC "biilables" project – making public health departments in-network providers.

Challenges Remain

Medicaid Expansion

- Expansion and implementation of the Exchanges will be extremely varied given the variability in states' participation.
- "Traditional" Medicaid adult enrollees (in states that opt out of expansion) will not be protected by the ACA provisions
  - About 20 million non-elderly persons comprising pregnant women, parents/caretakers of dependent children, low income parents, working age adults with disabilities.
  - Immunization is optional preventive service for adults

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Challenges Remain

Medicaid Expansion

- Implementation of the Medicaid bump may be slow in the states
- Certain immunizers are left out of the bump up including Ob-Gyns and pharmacists.
- Results need to be measured so that we can advocate for permanent installation of the payment increase

Challenges Remain

- Public Education about potentially cost-free vaccinations is necessary.
- Provider Outreach remains critical
  - They may not know who is covered
  - Complexities of coverage still remain.
  - Educate on the provider immunization incentives as part of ACA
- Health information technology
  - Integrating existing IIS into EHRs and meaningful use.

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Challenges Remain

- ~25 million will remain uninsured so public health safety nets are still necessary
- Improved access for the newly insured but…
  - Disproportionately lower income and residents of medically underserved communities
- How do health plans implement new coverage once added?
  - While payment may not be an issue, adequacy of provider payment for vaccines and administration remains?
- Continuing Medicare B/D challenge

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Moving Forward…

- Community prevention and public health organization, financing, and operations with near-universal coverage will evolve
  - Third-party billing – CDC “billables” project

- Opportunity!! Adult immunizations!

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ADULT IMMUNIZATIONS – AN OPPORTUNITY TO IMPROVE RATES!

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Significant Challenges Remain in Adult Immunization

Adult coverage rates are poor

- No infrastructure in place due to lack of VFC-like system and lack of 317 programmatic support
- Making adult IZ a standard of care requires development of preventive care infrastructure to deliver the vaccines
- Disparities are widespread.
- Significant mortality and morbidity
  - 50,000 adults die annually from pneumococcal disease, influenza, hepatitis B.
  - Hundreds of thousands more are hospitalized.

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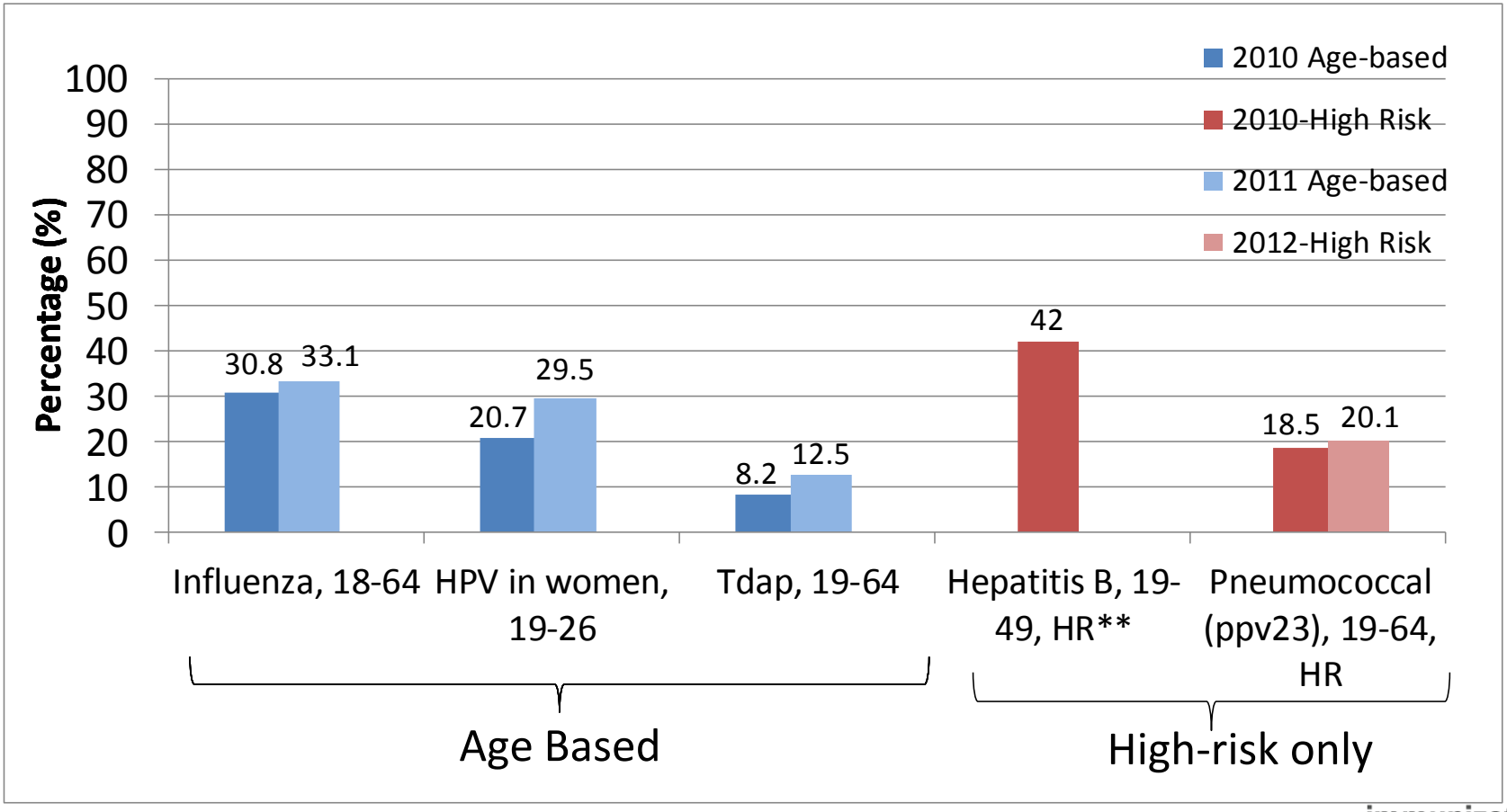
Vaccination Coverage for Target Groups by Vaccine, Age, and High-risk Status, NHIS 2010* and 2011



*Data source: 2010 National Health Interview Survey. CDC. Adult Vaccination Coverage — United States, 2010. MMWR 2012; 61(04);66-72.

**Hepatitis B, 19-49 HR data not collected in 2011

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Race/ Ethnicity Disparity in Pneumococcal Vaccination Coverage

Vaccine	2011 Coverage %	% Point Difference from 2010	HealthyPeople 2020
Pneumococcal (ppv23) (65+)	62.3	+2.6	90%
-white	66.5	+3.0	90%
-black	47.6	+.8	90%
-Hispanic	43.1	+4.2	90%
-Asian	40.3	-7.9	90%

*Data source: 2010 National Health Interview Survey. CDC. Adult Vaccination Coverage — United States, 2010, MMWR 2012; 61(04);66-72.

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Significant Challenges Remain in Adult Immunization

Significant cost burden to the US economy

- Use national disease surveillance data and peer-reviewed literature on disease costs for influenza, pertussis, pneumococcal disease, and zoster to derive:
  - estimated number of cases per year
  - estimated direct medical costs of a single case
  - indirect medical costs related to morbidity (decreased productivity, restricted activity, absenteeism, etc)

Cost Burden of 4 Adult Vaccine Preventable Diseases to the U.S.

2010 US Census

Disease	Age Group	Est. Cases	Est. Direct Cost (per case)	Est. Indirect Cost (per case)	Est. Total Cost (per case)	Est. Total Cost (all cases)
Influenza	≥18	14,800,993 [a]	140 [b]	377 [b]	517	**$7,652,113,319**
S. Pneumoniae	≥50	559,207 [c]				**$4,563,871,132**
Bacteremia	≥50	29,628 [c]	23,568 [d]	1,297 [d]	24,865	$736,696,394
Meningitis	≥50	1,883 [c]	29,995 [d]	1,390 [d]	31,385	$59,095,033
NPP (inpatient)	≥50	207,314 [c]	15,569 [d]	1,014 [d]	16,584	$3,438,040,889
NPP (outpatient)	≥50	320,382 [c]	549 [d]	481 [d]	1,030	$330,038,816
Herpes Zoster	≥50	675,019 [e]	1,034 [f]	2,636 [f]	3,670	**$2,477,318,929**
Pertussis	≥18	412,833 [g]	395 [h]	542 [h]	937	**$386,824,301**
Total		**17,007,258**				**$15,080,127,681**

NPP is non-bacteremic pneumococcal pneumonia caused by *S. pneumoniae* .
'NPP inpatient' refers to cases of NPP that require hospitalization where as 'NPP outpatient' refers to cases of NPP that do not require hospitalization.
All costs were adjusted to 2010 U.S. dollars.

~$15 billion annually – based on zoster, pneumococcal disease, influenza, and pertussis

McLaughlin, JM., Tan, L., et al. 2013. *Vaccine.* Manuscript submitted.

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Barriers to Adult Immunization

- Competing social and economic demands among adults
- Competing demands for providers' time and vaccines often not integrated into adult medical care practice
- Adult vaccine schedule is complex
  - Especially for certain occupational and medical target groups
- Fewer public health resources for adult immunization
  - Pediatric purchases on federal contracts in Dec 2010-Dec 2011: $3,535 billion (including both VFC and 317 program funds)
  - Adult vaccine purchases: $44 million (317 only)
- Limited patient awareness and demand for adult vaccinations except for influenza vaccine

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“By failing to prepare, we are preparing to fail”

- Benjamin Franklin

If we can provide vaccines to all of our adults during times of calm, we are likely to have the capacity and infrastructure to deliver vaccines and life-saving medications to them in times of crisis

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National Opportunities for Adult Immunizations are Increasing!

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Adult Vaccination Opportunities

- **Affordable Care Act expected to reduce the number of adults uninsured for vaccines**
  - **Assuming insurance pays for vaccine for insured, then available 317 funds might be used to purchase vaccine for uninsured adults**
- **317 Program**
  - **Requirement to address lagging coverage among children AND adults**
  - **Funds no longer allowed used for insured children may free up additional funds for adult vaccine purchase**
  - **AIM more involved in adult vaccination issues**

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Adult Vaccination Opportunities

- Increasing coverage data on adults through BRFSS to raise awareness
  - Influenza, pneumococcal, Tdap and zoster coverage by state
- Medicare and Medicaid include coverage of vaccines for adults
  - Copayments can be a significant cost for vaccines covered by Medicare Part D covered vaccines such as Tdap and Zoster vaccines
- 80% of adults with insurance coverage

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Adult Vaccination Opportunities

- Increased access to vaccines at workplaces and retail locations like pharmacies and grocery stores
- Increasing interest in adult immunizations from private and public sectors
  - NVAC 2011 recommendations on adult immunizations
  - NVAC 2013 Update of Adult IZ Standards
  - Increased development of quality measures for adult immunizations
  - Increased attention by professional medical associations (ACP, ACOG, etc)

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Maximizing our adult immunization opportunities

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A comprehensive National adult immunization strategy!

1. Drive demand by improving valuation (eg, via education and outreach)
2. Improve access to all adult vaccines by:
   a) Ensuring supply and delivery by improving infrastructure;
   b) Tracking and monitoring demand for, and supply, of vaccine
   c) Creating collaborative provider relationships and public-private partnerships to facilitate/promote adult immunization.
3. Ensure adequate payment
   a) Adult immunization should not be a money-losing proposition…

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A comprehensive National adult immunization strategy!

- All three steps must be advanced simultaneously.
- Progress in all areas necessary for success.
- Work in each problem area must be shared with all other stakeholders in adult immunization and they must be given an opportunity to contribute.

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Advancing adult immunization

- National leadership to solicit, initiate, and coordinate solutions
  - NVAC Adult Immunization White Paper – June 2011
  - NVAC 2013 Update to Adult IZ Standards
  - National Adult Immunization Summit is an CDC/IAC/NVPO co-sponsored partnership
    - Five WGs established
    - Annual event but year-round engagement
  - Modeled after success of the National Influenza Vaccine Summit
- National leadership to stimulate interest and funding for identified solutions

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National Adult Immunization Summit (NAIS) Goals

- Convene adult immunization stakeholder organizations to represent all facets of the adult immunization process, from manufacturers to vaccinators to advocacy groups, public health and policy.
- Facilitate identification of specific actions that can be taken by Summit members that will lead to improvements in vaccine uptake, such as through reducing barriers for payment, increasing access to vaccines and vaccinators, and increasing awareness of adult immunization recommendations.
- Develop and sustain working groups within the Summit whose goals is implementation of specific actions identified.

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Adult Summit Working Groups

- Five working groups for Adult Summit – first 4 duplicated in federal Interagency Task Force on adult immunization(IATF)
  - Patient Education
  - Provider Outreach
  - Access and Collaboration
  - Quality and Performance Measures
  - Education and promotion of adult immunization to decision-makers (no federal participants)

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Adult Summit Working Groups

- Throughout 2012 into 2013, summit working groups
  - Convened and identified key action items for the Summit
  - Began and sustained efforts to address the specific action items
- Collaboration between Summit and IATF allows:
  - Unification of priorities
  - Provide “reality check”
  - Work toward common goal with leveraged resources of other agencies and private sector

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What can you do?

- Advocacy!
  - To other providers, of the importance of adult immunization
    - Specialists, in particular, see the most vulnerable patients
  - To decision makers, of the importance of providing resources to support adult vaccination
    - Provide cost effectiveness data to policy makers
    - Provide ROI models to businesses
    - Liability and compensation for adult vaccines
    - Payment for counseling on, and referring out, vaccination
    - Be creative! Eg. an adult vaccine replacement system where vaccines are bought for the provider
  - To the public on the value and safety of vaccines

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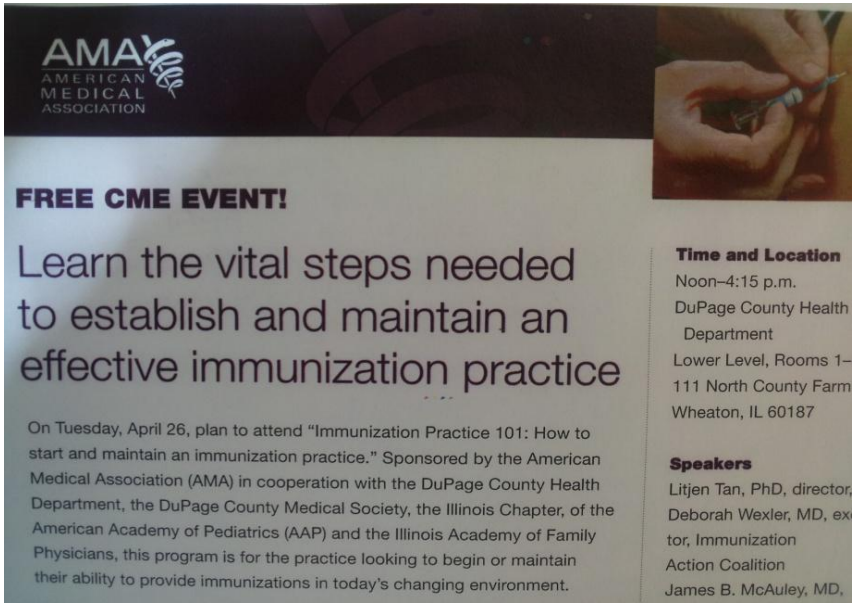
What can you do?

- **Engage other adult IZ partners to develop new immunizers**
  - **Opportunity with the ACA as vaccine payment is almost guaranteed**
  - **Advocate with payers to ensure payment for vaccination is adequate**

Provide information on starting an immunization practice – IZ 101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FREE CME EVENT!

Learn the vital steps needed to establish and maintain an effective immunization practice

On Tuesday, April 26, plan to attend "Immunization Practice 101: How to start and maintain an immunization practice." Sponsored by the American Medical Association (AMA) in cooperation with the DuPage County Health Department, the DuPage County Medical Society, the Illinois Chapter, of the American Academy of Pediatrics (AAP) and the Illinois Academy of Family Physicians, this program is for the practice looking to begin or maintain their ability to provide immunizations in today's changing environment.

Time and Location
Noon–4:15 p.m.
DuPage County Health Department
Lower Level, Rooms 1–
111 North County Farm
Wheaton, IL 60187

Speakers
Litjen Tan, PhD, director,
Deborah Wexler, MD, ex
tor, Immunization Action Coalition
James B. McAuley, MD,

What can you do?

- Work to develop/enhance infrastructure for improving delivery of adult vaccines
  - A la VFC
  - Help implement standing orders; AFIX, etc.
  - Help physicians harness opportunities – eg. IIS, EHRs
- Facilitate collaboration between physicians and complementary providers
  - Goal is to provide ACIP-recommended vaccine to all adults; this diverse target requires harnessing all providers to succeed

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What can you do?

- Create tools for office managers, receptionists, and other professional staff to handle questions on vaccinations
  - They are usually the first point of patient contact!
- Promote healthcare worker immunization!
  - Difficult to advocate for immunizations if we ourselves are not immunized!

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What can you do?

- **Agree that adult immunizations are important, unify the message, recommend vaccination!**
  - **Providers are the most important influencer of vaccine acceptance by patients**
  - **Vaccinate or Refer! And follow up! (See below)**
  - **Create tools to help providers immunize adults, consider new paradigms (eg. after hours clinics), and get paid!!**
  - **Know and try to simplify the adult schedules – age based vs. risk based**

GETTING A UNIFIED MESSAGE OUT – ACHIEVING CHANGE USING SOCIAL MEDIA!

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How can we achieve greater outreach with our immunization efforts?

- Particularly in adult arena
  - Multiple providers and diverse target populations
- Need a clarity of purpose
  - Are we all on the same page?
  - Updated NVAC adult immunization standards takes a step in the right direction
    - All providers of care have a fundamental responsibility to assess and recommend needed vaccines
    - If you do not vaccinate, you must refer and follow up!

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I'm not saying anything that you have not heard before in some form

- In order to communicate effectively as partners, there needs to be coordination and consistency across all stakeholders, especially when your communication is critical to achieve policy and advocacy
- An agreed unified message, a unified purpose…

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But knowing your purpose is the first step

- Let's say we achieve our clarity of purpose…
- However, we cannot know how to get there, or succeed in getting there, without a shared priority of focus – this is strategy.
  - Getting a state to adopt a universal HCW immunization policy is a purpose/goal, but…
  - Developing a resource to enable advocates in the state to communicate more about the science, to whom, through what channels, supported by what messages, is a strategy

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So what strategy can we all get behind to improve our communications on immunizations?

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What about a strategy based on a singular unified message?

Image from Psychology Today

Why a singular message…

- **The most successful strategies drive a singular compelling message that touches the deeper drivers of human behavior**
  - ***Fahrvergnügen: It's what makes a car a Volkswagen.*** **Human behavior driver – driving enjoyment, pleasure.**
  - ***Got milk?*** **Human driver – deprivation, regret; remind milk drinkers of the anxiety and disappointment that came when milk wasn't available.**
  - ***Cotton: the fabric of our lives.*** **– human nostalgia, as you create memories in your life, cotton has always been part of that process**

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A singular message…

- Many of us here are all researchers, health care providers, scientists…
- We not only develop, we also embrace the rational arguments
  - What's the evidence supporting the policy?
  - What's the rationale to support this?
- But in order to accomplish goals in education, policy development, communication, advocacy, we need to realize that we have to influence human behavior
  - Unfortunately, human behavior is seldom rational…

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There is much immunization messaging and education materials out there…

- Amazing volume of educational and outreach materials out there on vaccines and vaccinations
- As scientists we try to test and validate all aspects of all things multiple times!
- Perhaps we hope that we if keep applying the scientific method over and over, we will get the single clear truth and solution.
- Not so with communications…

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We have so much immunization messaging…

- Unlikely that there is one single and only right answer
- More likely, the real solution is to pick one path and get everyone to work it with consistency, and discipline and cohesion over time.
- This is what improved coordination and sharing of resources can accomplish in education, communications, and advocacy!
  - National Adult and Influenza Vaccine Summit is a proof of concept

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This is just one idea….

- A unified message is just one idea…but it is an important one
- In order to integrate multiple partners across multiple sectors…
  - Communications is a natural arena to start in
  - By being at the point of convergence of information, it is possible to integrate data from surveillance, epidemiology, clinical research into a unified singular message to leverage change in policy, guidance, etc

And how do we push a message out?!

I believe that we must be present in the social media…

But to do so means we must understand the environment of Web 2.0

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What???

- Web 1.0 was all about CONTENT
  - Banners, email, newsletters all “push” content to the user. Content usually static on websites…
- Web 2.0 is all about COMMUNITY
  - Blogs, widgets, podcasts, social networks
  - All allow user to “pull” content from the internet
  - Tremendous ability to generate communities of mutual interest and influence
    - Community provides opportunity to amplify & deliver your message
  - Viral effect also means loss of control

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Fundamentals of Web 2.0*

- User participation
- Openness
- Network effects

*Witteman and Zikmund-Fisher. 2012. Vaccine, 30(25): 3734–374.

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User participation

- Story telling is fundamental
  - Need to propel our narrative strongly
  - Remember a story can be inaccurate and still change minds, and a story can be non factual and still move people…
    - This is very difficult for researchers, public health officials, medical professionals to accept…
  - Denying this by trying to separate "authoritative sources" from "less credible" content, like stories breeds skepticism in the web

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User participation: What to do??

- Use stories ourselves
- Most importantly, acknowledge that discussion of topics such as ours (influenza) will revolve around stories
  - Engage with the audience on the stories being told
    - "My grandmother got influenza vaccine and still got the flu. Then I hear the vaccine is not even effective! Total scam!"
    - How would you engage this story on the web?

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User participation: What to do??

- When engaging, participate!
  - Do not lecture at the participants, talk with them
- Create your own web sites that tell the other side
  - But make sure that your site engages others by encouraging sharing of content and user interaction
  - Moderate it if you feel necessary but allow interaction
- Sites that do not allow interaction are less relevant…

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Openness

- Greater expectation for more informational detail
  - With increased transparency
- Lower acceptance for “being told what to do and think”
- Web 2.0 has trained a society to want to know “why”
- And to value demanding full disclosure and all the information so that “I can make my own choices”

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Openness: What to do??

- **Move away from paternalistic messaging!**
  - **Can be challenging for public health officials and medical professionals**
  - **Paternalistic messaging will be resisted just based on principle**
- **Avoid over simplifying the message. It can be met with skepticism or the feeling that "you are holding something back"**
- **Acknowledge that there are arguments against yours! This allows you to develop a more effective counter argument**

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Openness: What to do??

- Remember that when we engage with both pros and cons of an intervention, this act of openness will convey inherent credibility
- Support shared decision making to encourage dialog.
  - This has implicit transparency and hence again is inherently “trustworthy”
- The new social environment has guided many medical models of informed decision making and patient engagement.

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Network Effects of Web 2.0

- Social media has shown us that as social creatures, humans inherently gravitate to social decision making, especially about health
- Social media allows communication not with just one person, but with entire overlapping communities of people
- People are now thinking of a social circle not as your physical neighborhood, but your Facebook group, or your Twitter followers and who you follow, etc.

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Network Effects of Web 2.0

- However, social media also reaffirms to us that “birds of a feather…”
- So the influence of like-mined people are amplified within their circles
- This is important
  - If your message cannot find a community of like-minded people, it is harder to utilize the impact of social media…
  - Eg. web communities around a disease are strong. But it is harder to find a community of people who benefitted from flu vaccination…

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Network Effects: What to do??

- So social media effects tend to emphasize trends towards polarization in a debate…
- Do not try and control what is available and what is being said out in social media
  - Respond and participate in an interactive, user-responsive environment
- Do not just throw lots of information on a web site
  - Engage with communities
  - Acknowledge and respond to stories and share our own

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This is our new social environment…

- In 2012, total unique users in the USA – 245 million*
  - 78% of the US population
- In February 2009, social network usage exceeded Web-based e-mail usage for the first time.
- Greater than 90% those between 18 – 49 years old are online
- Even the Mayo clinic is offering training modules on using social media!
  - "Getting Started w/Twitter" at: http://network.socialmedia.mayoclinic.org/2013/07/30/tw-101-getting-started-with-twitter/

*Internet World Stats: http://www.internetworldstats.com/top20.htm; Pew Internet and American Life Project: http://pewinternet.org/

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Why social media is important in health

- 60% of US internet users look for health information online
- 70% say what they found influenced their healthcare decision
- 79% of moms with kids under 18 yrs old use social networking sites – mothers are frequently the medical decision makers in a family
- More than 50% of teens use social networks daily (future parents!)
- 22% of people log in more than 10 times daily

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Why social media is important in vaccination

- Most parents vaccinate (80%) but more than 50% have safety concerns*
- The vaccination conversation is happening online
- Most often, these parents are not vehement anti-vaccine; they are just asking questions about vaccines and we must be the ones to give them the answers
- We need to confront misinformation and work to increase the pro-vaccine chatter
- If we do not engage, we will become irrelevant

*Freed, et al. Pediatrics Vol. 125 No. 4 April 1, 2010, pp. 654 -659

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Vaccination decisions are influenced by social networks…

- 196 first-time parents in Washington State (US high exemption state); 126 followed ACIP schedule, 70 did not
- Social networks characteristics predicted parents' vaccination choices better than parents' own characteristics or the characteristics of their source networks
- "Non-conformers" (vaccination-hesitant) had slightly larger social networks whom they consulted about vaccines
- 72% of non-conformers networks recommended against following schedule, vs. only 13% in conformers social networks

Establishing a social media presence requires investment

- Many immunization campaigns do not have legs (recall our messaging discussion earlier)
- So many people are accessing the internet
  - How do we engage them to help us with our message
  - They are all there in the social networks…Yet are we harnessing them?
- It's not simply about generating a website, or a blog, or a Facebook page…

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What is needed to generate a successful campaign…

- An integrated social media presence across all sectors of social media
- You need not engage in all aspects but you must have a presence in more than just one!
  - Facebook
  - Blog
  - Twitter
  - Web presence
- Here's an example…

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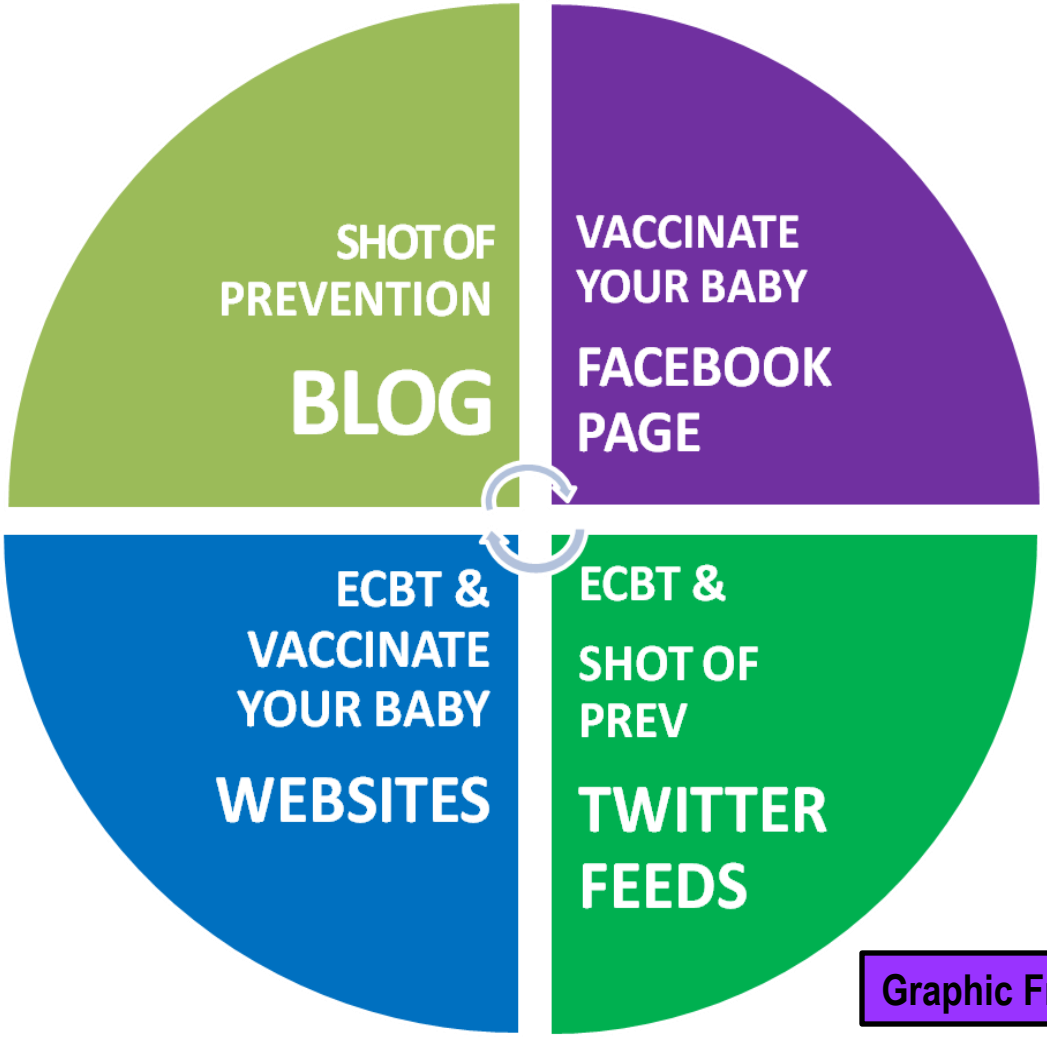
Great Example of Success: Every Child By Two's Integrated Online Presence



- Started as a campaign website
- Expanded into a social media presence

Graphic From: ECBT

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Elements of Success to Consider

- If you have a website, may not be necessary to junk it
  - Your website is still necessary for your online presence.
- However, you must integrate your social media platforms onto the website

Elements of Success to Consider

- **Remember Web 1.0?**
  - **You no longer want your users to visit you just once, get the answer they need, and go elsewhere**
- **Web 2.0 dictates that you work to build relationships – your community**
  - **So that you can now be counted as THE source for accurate & relevant immunization information**
  - **Therefore you must integrate your social media platforms directly on your home page to drive participation**

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Elements of Success to Consider

- Use your social media platforms to drive community involvement in immunization issues and advocacy
- Think innovatively of all the ways to get your community involved
  - Text for Baby
  - Fitbit
  - Have participants sign up to get involved – email newsletters, blogs, etc
  - Pregnancy Text

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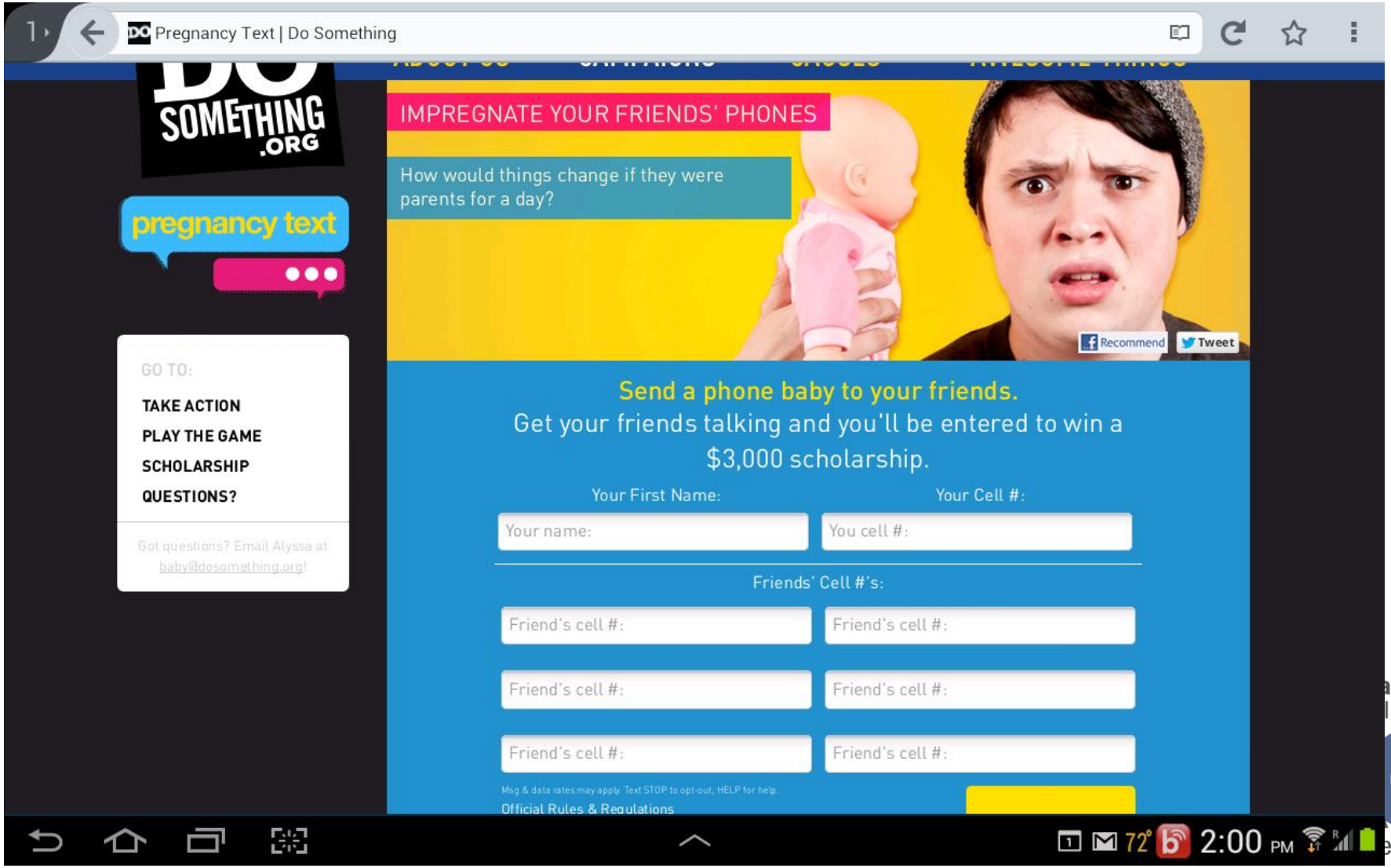
An innovative teen engagement using SMS



Elements of Success to Consider

- The community and social media approach is changing the way we do what we do
  - Like influenza viruses, adapt or die…
- You want to be the group that ultimately connects people with issues that impact them locally.
- And by doing so, also connect them back to your organization
  - For example, use your subscriber database to provide relevant local connections to people on the ground

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Recognize the differences between social media sites

- Facebook – It's your community – where your supporters and friends gather
- Linked In – Start a collaborative group for your professionals
- Twitter – A giant news feed. Drive people back to your community sites! Encourage them to engage!
- Youtube – is video the next big social thing?
- Instagram – Or is it posting photos? It's mobile first and foremost!
- Pinterest – Social bookmarking but with pictures!

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And ECBT is right, do not underestimate blogs

- Blog content changes more frequently than most content on websites. New search engine optimization models will find these first
- 80% of the most influential Americans go online with their opinions and actually join discussions – Gates, Jobs, Buffett
- 60% of active web users think that blogs are "more trustworthy" than corporate web sites
  - Think of a blog about flu vaccine vs. a manufacturer web site
- Remarkably, 84% of journalists have, or would, use blogs as a primary or secondary source

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One Final Example

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Single clarity of purpose

ASF Blog

Instagram

search this site: search

AUTISM SCIENCE FOUNDATION SEARCHING SOLVING SHARING

Donate Now E-newsletter

Home | About ASF | What is Autism? | What We Fund | Autism Science | Media Center | Get Involved | Contact Us

E-newsletter creates database and engages community

better treatments. We also provide information about autism to the general public and support the needs of individuals with autism and their families.

ASF is a 501(c)3 non-profit organization.

2011 TOP NON-PROFIT PHILANTHROPEDIA

Latest news drives new content and improves position on search engines

Latest News...

Early Signs Of Autism: Does My Toddler Have It?
May 24, 2013

Read more...

How Can Immigrant Families Get Help For Their Autistic Child
May 24, 2013
Guest blogger Marcela De Vivo shares insight on some of the difficulties immigrant families face when getting help for their child with autism in this week's ASF blog post.

Read more...

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Read more...

The Legacy of the Wakefield Vaccine Scare: A Measles Epidemic in Great Britain
May 24, 2013

Read more...

Environmental Enrichment as an E
May 21, 2013

Researchers at University of Californ ung boys with ASD. Behavioral and cognitive improveme omising treatment for ASD symptoms. The group is now conducting a larger...

Read more...

Upcoming events, participate in research, allows local connection!

News & Media

Autism Science Foundation Announces 2013 Grant Recipients

Autism Science Foundation and Dance2BFit Host Zumba Mania on April 6, 2013

IACC Chair and NIMH Director Thomas Insel Discusses Autism Progress

Recipe4Hope Campaign Will Raise Funds for Pre- and Post-Doctoral Autism Research Fellowships

For the First Time Online, Find Autism Research by Topic

Autism Science Foundation Partnering with UJA-Federation to Launch Three Surveys Designed to Identify Services and Needs for Adults with Autism

Autism Science Foundation to Develop Brain Tissue Donation Awareness Campaign with Support from Simons Foundation

Upcoming Events

AML Bikers for ASF Ride
Jun 17 2013

Participate in Research

Access to Care for Individuals with Genetic Conditions
Study Ends: Jun 6 2013
Online Survey

The Effects of Active Motor and Soci Training on Developmental Trajector Infants at High-risk for Autism Spectrum Disorders
Study Ends: Jul 1 2013
Center for Autism and Related Disorders at Kennedy Krieger Institute

Oxytocin, the Brain, and Autism
Study Ends: Jul 30 2013
Yale Child Study Center

Longitudinal Neurogenetics of Atypical Social Brain Development in Autism
Ends: Jul 30 2013
hild Study Center

Latest Tweets

ASF
AutismScienceFd

AutismScienceFd Great article on spotting the early signs of #autism! Thanks for the shout-out @HuffPostParents and @Slate ow.ly/lnxMG #diagnosis

3 days ago · reply · retweet · favorite

AutismScienceFd Guest blogger @MarcelaDeVivo shares insight on some of the difficulties immigrant families face when... instagram.com/p/Zs6hQtlBBy/
4 days ago · reply · retweet · favorite

AutismScienceFd Marcela De Vivo discusses difficulties #immigrantfamilies face when getting help for their child with #autism ow.ly/lmG4S
4 days ago · reply · retweet · favorite

AutismScienceFd Marcel De Vivo discusses difficulties #immigrantfamilies face when getting help for their child

Join the conversation

Twitter, another way to join the conversation

And how your support helps us help you

Final thoughts

- Immunization, especially for adults, is unique
  - There are diverse partners with complex needs and goals for communications and advocacy
- Improved coordination and sharing can:
  - Establish a clarity of purpose; a purpose can have several defined goals
  - Develop a common, agreed upon strategy to advance the purpose
    - I proposed one strategy, but there are many
- Harness the power of social media but you must engage and engagement is resource intensive…

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Some Social Media Resources

- **CDC Health Communicators' Toolkit:** http://www.cdc.gov/socialmedia/tools/guidelines/pdf/socialmediatoolkit_bm.pdf
- **CDC Guide to writing for social media:** http://www.cdc.gov/socialmedia/tools/guidelines/pdf/guidetowritingforsocialmedia.pdf
- **ACOG Social Media Guide:** http://www.acog.org/About_ACOG/News_Room/Social_Media_Guide
- **Pew Internet and American Life Project:** http://www.pewinternet.org/
- **Dell Social Media Toolkit for small and medium businesses:** http://en.community.dell.com/dell-groups/small-business/p/aboutthisguide.aspx

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Visit IAC Resources!

- Read our publications!
  - http://www.immunize.org/publications/
- Visit our websites!
  - www.immunize.org
  - www.vaccineinformation.org
  - www.izcoalitions.org
  - www.preventinfluenza.org
- Stay ahead of the game! Subscribe to our updates!
  - http://www.immunize.org/subscribe/

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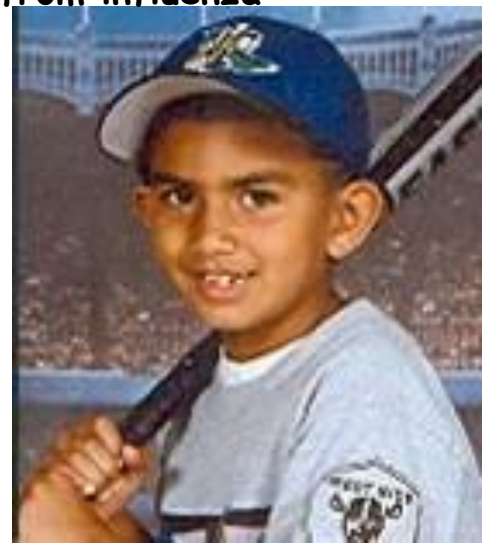
Why do we immunize against influenza?

Barry, a veteran fire-fighter, died at age 44 yrs from influenza

Breanne, died at age 15 mos from influenza complications



Lucio, died at age 8 yrs from influenza complications

Alana, died at age 5½ yrs from influenza

Amanda, died at age 4½ yrs from influenza

Courtesy of Families Fighting Flu

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Thank You!

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- **Extra Slides**

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Individual Coverage Required, or Pay a Fee – Eff. Jan 2014

- **Fee is greater of $695 per person ($2085/family) or 2.5% of household income**
  - **Some exceptions, eg for financial hardships, religious objections, persons for whom the lowest cost health plan exceeds 8% of income**
- **Advance refundable tax credits and cost sharing assistance available up to 400% of federal poverty level (FPL).**
- **Medicaid eligibility for childless adults up to 138% FPL**

Employers not mandated to provide coverage but…

- **$2000/per employee assessment**
  - **Employers with 50 or more employees that do not offer coverage; and**
  - **Have at least one employee who receives a premium credit through a state exchange**
- **Similar assessment on employers with more than 50 employees that offer coverage but have at least one employee who receives a premium credit through a state Exchange**

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Employers not mandated to provide coverage but…

- Employers offering coverage must offer choice of Exchange enrollment with subsidy to employees with incomes below 400% FPL, whose share of premium is > 8% of income
- Large employers (>200 FT employees) offering coverage must automatically enroll employees into the employer's lowest cost premium plan if the employee does not sign up for employer coverage or does not opt out of coverage.

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Post ACA - Federal Funding for Immunization Programs

- States are permitted to purchase adult vaccines with state funds at CDC-negotiated rates
  - Impact unclear on whether exchange plans will benefit; may be considered private/public partnership?
    - Some states have implemented pilots where the state purchases adult vaccines and distributes to the providers
- Demonstration programs to improve immunization coverage through the use of evidence-based and population-based interventions
  - Provides opportunity to implement broad range of innovative initiatives

Refresher: How vaccines are paid in the United States

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Vaccine Financing in the United States

Vaccines For Children (VFC, ~43% of children)

- Entitlement for children up to age 19 served by:
  - Medicaid
  - Without health insurance
  - American Indians and Alaska Natives
- Underinsured children can receive VFC vaccines at Federally Qualified Health Centers (FQHCs) or Rural Health Clinics (RHCs)

Vaccine Financing in the United States

Section 317 (~7% of children)

- Used by states to cover non-VFC eligible children and adolescents (some states also use state funds)
- Also has objective to improve adult IZ
  - Stagnant funding – 317 Coalition working to improve funding levels
  - CDC's professional judgment - $1.72 billion.
    - Presidential 2013 budget request - $562,200,000
    - 2012 appropriation - $620,200,000

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Vaccine Financing in the United States

- **Medicare**
  - Covers vaccines for those 65 years and older
  - Influenza, Pneumococcal and Hepatitis B – Part B (by legislation)
  - All other vaccines – Part D (eg, shingles)
- **Medicaid**
  - Only public sector payer that provides for administration fee
  - Admin fee set by states with huge state-to-state variance; states have to contribute enough funds to draw the maximum federal matching contribution allowable
  - No state is close to the caps are set by CMS in 1994 for admin fees

Vaccine Financing in the United States

Private Sector (~47% of children)

- Price of vaccine negotiated with distributors/manufacturers
- Payment negotiated with payers
- Providers responsible for administering vaccine then seeking payment (compare with pharmaceuticals where patient fills prescription)

Social Media and Health

The internet as diagnostic tool...

1. **59%** of U.S. adults have looked online for health information in the past year.

2. **35%** of U.S. adults say they have used the internet to try to figure out what medical condition they or another may have. We call them **"online diagnosers."**

3. **53%** of online diagnosers talked with a clinician about what they found online.

4. **41%** of online diagnosers had their condition confirmed by a clinician.

Pew Research Center/CHCF Health Survey, August 7 - September 6, 2012

Social Media and Health

Peer-to-peer healthcare

1. Among online health information seekers, **16%** in the past year tried to find others who might share the same health concerns.

2. **30%** of internet users have consulted online reviews or rankings of health care services or treatments.

3. **26%** of internet users have read or watched someone else's experience about health or medical issues in the past year.

Pew Research Center/CHCF Health Survey, August 7 - September 6, 2012